

5. Cardiac intermittence may accompany the most varied pathological conditions. It is not necessarily indicative of general or serious derangement of health.

17. *Condition of the Blood in Recurrent Fever.*—Dr. M. LAPTSCHINSKI has recently had the opportunity, in a well-marked case of recurrent fever, of investigating the conditions of the blood, with a view of discovering the spirillum noticed by Obermeier in patients suffering from this disease. The patient was a young and robust man, in whom the temperature rose on the evening of the fifth day to 105.4° F. After making the most careful examination, Laptschinski was unable to discover any spirilla; but his attention was soon attracted to the extraordinary increase in the number of the white corpuscles, which formed heaps and masses amongst the red, and also to the presence of a large number of peculiar, coarsely-granular, colourless cells, some of which contained fat granules; nearly all exhibited, even without the application of artificial heat, distinct amœboid movements. After the addition of a little acetic acid one or more nuclei made their appearance in the interior of the cells; and around the nuclei were granules. These large, coarsely-granular cells, which had been previously noticed by Ponfick in recurrent fever, he believed proceeded from the spleen. Laptschinski, struck by the extraordinary increase in the number of the white corpuscles, set himself to estimate their number as compared with the red; and although he was unable to determine whether the relative proportions of the white and red were normal before the attack of fever, yet, as the man had been strong and healthy, there was no reason for suspecting that any disproportion had previously existed. The first estimate was made on the eighth day of the fever, after a severe sweating had lowered the temperature 9° F. or more, and the proportion that then existed was 1 colourless corpuscle to 64.3 coloured. On the eleventh day of the fever the proportion had fallen to 1:98. On the thirteenth day it was 1:119.5; and on the fourteenth, when the patient was free from fever, it was 1:138. The very next day, however, it rose to 1:41.2; and then gradually fell till the recovery of the patient had taken place. From these and other observations Laptschinski believes the conclusion may be drawn that each febrile attack in recurrent fever is concurrent with the discharge into the blood current of the contents of the spleen; but whether at the same time pathological products, which perhaps are really the cause of the febrile attacks, are absorbed, as Billroth has suggested, remains to be investigated.

In a subsequent paper Laptschinski states that, after numerous futile efforts, he has at length succeeded in discovering spirilla in the blood of a case of severe recurrent fever, and this in such numbers that the field of a No. 7 Hartnack's objective, with a No. 4 ocular, appeared to be here and there filled with them. Elsewhere they were in such active movement that the red corpuscles were compressed by them and thrown into oscillation. It was the movement of the corpuscles, in fact, which made him suspect the presence of spirilla before he had seen that any were present. Thus there seems to be reason for believing that an explanation of the periodicity of certain fevers, which impresses itself on all subsequent slight febrile attacks from cold or exposure, and which is so difficult to explain upon any ordinary theory, may be found in the fact that such attacks are attended by the development of a vast number of white corpuscles, and perhaps of other products which require a definite time for their formation and action.—*Lancet*, April 24, 1875.

18. *Pythogenic Pneumonia.*—Drs. T. W. GRIMSHAW and J. W. MOORE presented to the Med. Soc. Coll. Phys. (14 April, 1875) a very valuable paper on this subject, which was illustrated by several statistical tables and diagrams. In the introductory portion of the paper the authors stated, that, contrary to what might *a priori* be expected, pneumonia exhibited a tendency to prevail in the warm season of each year. This was shown by a reference to the returns of the Registrar-General for Ireland, the deaths from pneumonia and bronchitis in each quarter of the year being contrasted. An analysis of the returns of deaths from the two diseases in Paris for seven years, showed also a noticeable close correspondence. The object of the present communication

was to endeavour to prove that the remarkable differences which were shown to exist between the percentages of cases of bronchitis and pneumonia at different seasons, do not depend exclusively on meteorological conditions, and further, that the type of summer pneumonia is essentially different from that of winter, or what may be termed true or idiopathic pneumonia. Having given many bibliographical references to instances of pneumonia occurring in connection with bad hygienic conditions, enteric fever, escape of sewer-gas,¹ and during the prevalence of diarrhœa, the authors proceeded to give a clinical description of the affection, illustrated by the full histories of five selected cases, which had occurred under their care. The points of difference in the clinical history of this disease from true pneumonia, appeared to be its extremely sudden invasion, the frequency with which the disease is arrested in its early stage, and its being less liable *constantly* to attack the lower lobe of the right lung. In only one instance was there an opportunity of making a *post-mortem* examination, and the appearances presented were not different from those of ordinary pneumonia in the second stage. The treatment which was found of most value was quinia in five-grain doses every third hour. Alcoholic stimulants and turpentine were employed with benefit in cases where there was much prostration. In the authors' experience, the disease was much more amenable to treatment than the other forms of pneumonia. The paper concluded with an investigation of the meteorological and epidemic conditions of 1874, when pneumonia prevailed so largely in this city. It was shown that a low temperature, a low humidity, and a scanty rainfall, influenced the prevalence of pneumonia. But in answer to the question—"Why does a warm, dry air increase pneumonia?" the authors would answer—"Because the *pythogenic* type of the disease depends on that pollution of the air by miasmata, which is greatest in warm, dry weather." In conclusion, the main points adduced were recapitulated as follows: 1. That the bibliography of pneumonia indicates the existence of a form of the disease which arises under miasmatic influences, and is contagious. 2. That this view is supported by the relations which exist between this form of pneumonia and certain zymotic affections—notably enteric fever and cholera—and by the resemblance between it and epizootic pleuro-pneumonia. 3. That its etiology justifies us in regarding it as a zymotic affection, and in naming it "*pythogenic* pneumonia." 4. That pythogenic pneumonia presents peculiar clinical features, which enable us to distinguish it from ordinary pneumonia. 5. That much of the pneumonia which prevailed in Dublin during 1874 was of this pythogenic character. 6. That, whereas ordinary pneumonia is specially prevalent during a continuance of cold, dry weather with high winds, and extreme variations in temperature, pythogenic pneumonia reaches its maximum during tolerably *warm* weather, accompanied with a dry air, deficient rainfall, hot sun, and rapid evaporation.—*Irish Hospital Gazette*, May 1, 1875, and *Dublin Journ. Medical Science*, May, 1875.

19. *Striped Pneumonia*.—In the *Jahrbuch für Kinderheilkunde und Physikal. Erziehung*, February, Dr. STEFFEN describes, under the term "striped pneumonia," a pathological condition characterized by inflamed condensation of the lung-tissue in the form of stripes. These extend from the spine towards the costal angles, and may traverse only one lobe, or may take such a course as to affect more than one. The various ages at which this form of inflammation occurs are exhibited in a tabulated statement, and allow the conclusion that it is most frequent between the fourth and twelfth month, and diminishes progressively up to the ninth year. These conclusions are founded upon an analysis of ninety-seven cases, of which fifty-four were boys and forty-three girls. It was met with most frequently on both sides of the chest, though, like other forms of pneumonia, it may be more marked on one side than on the other. It is not associated with pleurisy, and thus differs from acute pneumonia in adults. Pathologically, the disease consists of infiltration of lung-tissue with blood, at the same time that there is desquamation of the pulmonary

¹ Vide *Irish Hospital Gazette*, vol. ii. p. 239.